

**LAHIVE
&
COCKFIELD
LLP**

COUNSELLORS AT LAW
28 STATE STREET
BOSTON, MASSACHUSETTS 02109-1784
TELEPHONE (617) 227-7400
FAX (617) 742-4214
lc@lahive.com

JOHN A. LAHIVE, JR. (1926-1997)
THOMAS V. SMURZYNSKI
RALPH A. LOREN
GIULIO A. DOCONTI, JR.
ANN LAMPORT HAMMITTE
ELIZABETH A. HANLEY
AMY BAKER MANDRAGOURAS
ANTHONY A. LAURENTANO
KEVIN J. CANNING
JANE E. REMILLARD
DOANN FORAN SMITH
PETER C. LAURO
JEANNE M. DIGIORGIO
DEBRA J. MILASINIC, Ph.D.
DAVID J. RIKKERS
DAVID R. BURNS
JOHN S. CURRAN
SEAN D. DETWEILER

CYNTHIA L. KANIK, Ph.D.
MEGAN E. WILLIAMS, Ph.D.
RICHARD N. NAD
MICHAEL PHILLIPPS
LISA M. DROCCO
NATHANWAY P. RUSSELL
MARIA LUCOTHIPE ZACHARANS, Ph.D.
PETER A. GIAMATTIA
VINCENT P. LOCCISANO
MERIDETH C. ARNOLD

SENIOR COUNSEL
JAMES E. COCKFIELD

OF COUNSEL
JEREMIAH LYNCH
WILLIAM A. SCORFIELD, JR.
SIBLEY P. KEPPERT

PATENT AGENTS
THEODORE WEST
SHAYNE Y. HUFF, Ph.D.
DANIEL B. RO

TECHNICAL SPECIALISTS
CYNTHIA M. SOROCOS
PETER W. DINI, Ph.D.
EUMMOON LEE
JENNIFER K. ROSENFELD
ALLAN TAMESHITIT, Ph.D.
CATHERINE E. MCPHERSON
ERIC F. WAGNER, Ph.D.
SHAHID HASAN, Ph.D.
JACOB O. WEINTRAUB
JONATHAN M. SPARKS, Ph.D.
CRISTIN E. HOWLEY, Ph.D.

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Facsimile Cover Sheet

To: Commissioner for Patents
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From: Kevin J. Canning, Esq.
Phone: (617) 227-7400
Fax: (617) 742-4214
Case No.: 10/004,088

Date: 03/26/02

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Jinghui Li

Serial No.: 10/004,088

Filed: October 23, 2001

For: *METHOD FOR CHANNEL BALANCE*

Attorney Docket No.. SYCS-059

Group Art Unit: 2661

Examiner:

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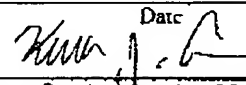
Office of Initial Patent Examination
Commissioner for Patents
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REQUEST FOR CORRECTION OF FILING RECEIPT

Dear Sir:


The domestic priority data on the filing receipt for this application lists the incorrect serial number. The correct priority serial number is 60/249,675. A copy of the filing receipt with the change noted in red is attached.

Please charge any underpayment to our Deposit Account No. 12-0080. The undersigned requests any extensions of time necessary to respond. A duplicate of this sheet is enclosed.

<p>Certificate of Facsimile Transmission I hereby certify that this correspondence is being sent via Facsimile addressed to: Commissioner for Patents, Office of Initial Patent Examination, Washington, DC 20231 on.</p> <p>March 26, 2002 Date</p> <p> Kevin J. Canning, Reg No 35,470</p>
--

Respectfully submitted,

LAHIVE & COCKFIELD, LLP


Kevin J. Canning
Reg. No.: 35,470
28 State Street
Boston, MA 02109
(617) 227-7400



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	RL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/004,088	10/23/2001	2661	740	SYCS-059/P68	7	17	1

000959
LAHIVE & COCKFIELD
28 STATE STREET
BOSTON, MA 02109

CONFIRMATION NO. 9678

FILING RECEIPT



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Date Mailed: 02/21/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Jinghui Li, San Jose, CA;

Assignment For Published Patent Application

Sycamore Networks, Inc., Chelmsford, MA;

Domestic Priority data as claimed by applicant 60/249,675

THIS APPLN CLAIMS BENEFIT OF 60/249,675 11/07/2000 *

(*) Data inconsistent with PTO records.

Foreign Applications

If Required, Foreign Filing License Granted 02/20/2002

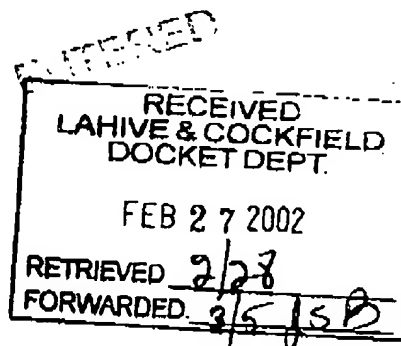
Projected Publication Date: 05/30/2002

Non-Publication Request: No

Early Publication Request: No

Title

Method for channel balance





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Bib Data Sheet

CONFIRMATION NO. 9678

SERIAL NUMBER 10/004,088	FILING DATE 10/23/2001 RULE	CLASS 370	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. SYCS-059/P68	
APPLICANTS Jinghui Li, San Jose, CA; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/249,675 11/17/2000 ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/20/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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TITLE Method for channel balance					
FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		